

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. Michael Loudon**

Mailing Address 3610 Capital Ave SW

City State Zip Code  
 Battle Creek MI 49015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Battle Creek OMS

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

Transaction ID : SA11AI.28375

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Daniel Madion**

Mailing Address 2225 Eastern Ave

City State Zip Code  
 Traverse City MI 49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grand Traverse Oral Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

Transaction ID : SA11AI.28376

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Steven Mantegari**

Mailing Address 1866 Epping Forest Way S

City State Zip Code  
 Jacksonville FL 32217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Truman Medical Center

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015

Transaction ID : SA11AI.28377

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00